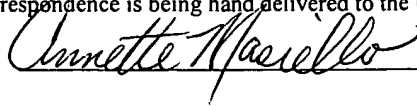


#21

CERTIFICATE OF "HAND DELIVERY"

I hereby certify that this correspondence is being hand delivered to the United States Patent and Trademark Office on February 13, 2004.



Annette Masiello

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

Inventor(s): Nguyen, et al.

Art Unit: 3731

Serial No.: 09/686,004

Examiner: U. Ho

FEB 13 2004

Filing Date: October 10, 2000

Title: MINIMALLY INVASIVE VALVE REPAIR PROCEDURE AND APPARATUS

OFFICE OF PETITIONS

REQUEST FOR CONTINUED EXAMINATION (RCE) & FEE TRANSMITTAL

(for nonprovisional applications under 37 CFR § 1.114)

MAIL STOP RCE

Commissioner for Patents

Alexandria, VA 22313

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____.
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS) (2pgs) with 1449 (1pg) and all listed documents
- iv. ☐ Other: _____

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other _____

3. FEES

- a. ☒ The Director is hereby authorized to charge the following fees, and any additional fees required to process this request to Deposit Account No. 50-1947 referencing Attorney Docket No. CSI-2013. Copy of request enclosed.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e). [\$770.00/\$385.00] \$ 385.00
- ii. ☐ Extension of time fee (37C.F.R. §§ 1.136 and 1.17) [____ months] \$ _____
- iii. ☒ Other: Petition to Withdraw fee under 37 C.F.R. § 1.17(h) \$ 130.00

TOTAL FEES \$ 515.00

- b. ☐ Check in the amount of \$ _____ enclosed.

- c. ☐ Payment by credit card (Form PTO-2038 enclosed).

SEND ALL CORRESPONDENCE TO:

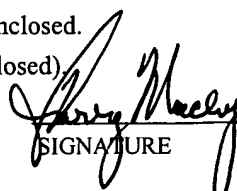
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Facsimile: 650.654.9554



SIGNATURE

February 12, 2004

DATE

Harry J. Macey

32,818

NAME

REGISTRATION NUMBER